

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19467

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City (No. General Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2467

2. FULL NAME James Burns

(a) Residence. No. 2203 1/2 Troost St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizebeth Burns.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
~~64~~ yrs ~~3~~ mos ~~20~~ ds
64 yrs 3 mos 20 ds

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Dish Washer.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Virginia.
 (STATE OR COUNTRY)

10. NAME OF FATHER James Burns.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Coroners Record
 (Address) Kansas City, Mo

15. FILED 6/13 30 M. J. Crowe REGISTRAR
Asen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____
 that I last saw him _____ alive on _____, 19 _____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
2 1/2 (duration) yrs. mos. ds.
10 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY Accidental Automobile (SECONDARY)
London, Mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1880
 IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Stanley M. Haef

1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill DATE OF BURIAL 6-16-30 19

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kanso Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24

2

31

1880

